

## Candidate Statement of Non-Receipt of Contributions and Non-Expenditure of Funds For Candidates that have not spent or received any campaign funds

| Name of Candidate or Officeholder  |                                   |                                    | Phone N       | Number         |  |
|--|-----------------------------------|------------------------------------|---------------|----------------|--|
| Ross W. Westover   |                                   |                                    | (801)         | 446-1573       |  |
| Street Address S   | Suite/Apartment/PO Box:           | City                               | State         | te Zip         |  |
| 1548 West Homecoming Ave   |                                   | South Jordan                       | UT            | 84095          |  |
| Office E   | District Number                   | County                             | Po            | olitical Party |  |
| State School Board   | e School Board 11                 |                                    | School Board  |                |  |
|  | Type of Rep<br>(Check the appropr |                                    |               |                |  |
| INTERIM REPORTS:  Seven days preceding Party Convention (Required by all candidates) |                                   | FINAL REPORT:                      | FINAL REPORT: |                |  |
|  |                                   | Final Report (Required by all cand | didates and   | .              |  |

| ☐ S<br>☐ (F<br>☐ A<br>(F | Seven days preceding Party Convention Required by all candidates) Seven days preceding Primary Election Required by all candidates) Sugust 31st Required by all candidates) |   | officeh | Report<br>ired by all candidat<br>iolders as soon as<br>aign accounts |           |
|--------------------------|---|---|---------|---|-----------|
| □ (F                     | seven days preceding a General Election Required by all candidates) R-END REPORT  | _ | Yes     | Is this report an a   | mendment? |
| _                        | anuary 10th of every year   | X | No      |   |           |
|                          | Report Verification   |   |         |   |           |

| Report Verification   |  |  |  |  |  |
|---|--|--|--|--|--|
| Ross W. Westover  |  |  |  |  |  |
| Name of Candidate   |  |  |  |  |  |
| affirm that I have <b>received no Contributions and incurred no expenditures</b> for political purposes during this reporting period. |  |  |  |  |  |
| Ross W. Westover  |  |  |  |  |  |
| Signature of Candidate  |  |  |  |  |  |
| 1/08/2009   |  |  |  |  |  |
| Date  |  |  |  |  |  |

## To File this Form

Mail or deliver to Lieutenant Governor's Office Utah State Capitol, Suite 220 Salt Lake City, UT 84114-2325 (801) 538 - 1133

## For More Information

Contact the Lieutenant Governor's Office (801) 538 - 1041 1-800-995-VOTE(8683) elections@utah.gov

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|                     | Date Received |  |  |  |